

Department of Behavioral Health  
**TRANSMITTAL LETTER**

**SUBJECT**

**DBH Guidelines on Nursing Facility Referrals and Required Reviews**

**POLICY NUMBER**

**DBH Policy 511.3**

**DATE**

DEC 01 2014

**TL#**

269

**Purpose.** To establish the following: (a) procedures for admission in a nursing facility (NF) through the Preadmission Screening and Resident Review (PASRR), (b) review protocols in level of care determination and appropriateness of a NF for those already in a NF, and the (c) processes in discharge and transition when a NF is no longer appropriate for the consumer's level of care. This new revision includes the (a) addition of the Pre-Admissions Screen/Resident Review for Mental Illness and/or Intellectual Disability form (Exhibit 1), currently being used in practice but not included in the previous policy, and (b) clarification regarding the follow-up and services provided by core service agencies (CSAs) to address mental health needs when consumer is admitted to a NF.

**Applicability.** Applies to Saint Elizabeths Hospital (SEH), other hospitals in the District of Columbia and to any provider or entity participating in the Department of Behavioral Health (DBH) Mental Health Rehabilitation Services (MHRS) structure and/or has a contract for services with DBH. Also, applies to DBH consumers and sources of referrals for consumers to transfer from one type of facility in the community (e.g., CRF, private home) directly to a NF.

**Policy Clearance.** Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority (BHA) offices.


**Effective Date.** This policy is effective immediately.

**Superseded Policy.** This policy replaces DMH Policy 511.3B with the same title dated May 22, 2013.

**Distribution.** This policy will be posted on the DBH web site at [www.dbh.dc.gov](http://www.dbh.dc.gov) under Policies and Rules. Applicable entities are required to ensure that affected staff is familiar with the contents of this policy.



Stephen T. Baron  
Director, DBH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  <b>DEPARTMENT OF BEHAVIORAL HEALTH</b>	<b>Policy No.</b> 511.3	<b>Date</b> DEC 01 2014	<b>Page 1</b>
	<b>Supersedes</b> <b>DMH Policy 511.3B with the same title dated May 22, 2013</b>		

<b>Subject: DBH Guidelines on Nursing Facility Referrals and Required Reviews</b>
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1. **Purpose.** To establish the following: (a) procedures for admission in a nursing facility (NF) through the Preadmission Screening and Resident Review (PASRR), (b) review protocols in level of care determination and appropriateness of a NF for those already in a NF, and the (c) processes in discharge and transition when a NF is no longer appropriate for the consumer's level of care. This new revision includes the (a) addition of the Pre-Admissions Screen/Resident Review for Mental Illness and/or Intellectual Disability form (Exhibit 1), currently being used in practice but not included in the previous policy, and (b) clarification regarding the follow-up and services provided by core service agencies (CSAs) to address mental health needs when consumer is admitted to a NF.

2. **Applicability.** Applies to Saint Elizabeths Hospital (SEH), other hospitals in the District of Columbia and to any provider or entity participating in the Department of Behavioral Health (DBH) Mental Health Rehabilitation Services (MHRS) structure and/or has a contract for services with DBH. Also, applies to DBH consumers and sources of referrals for consumers to transfer from one type of facility in the community (e.g., CRF, private home) directly to a NF.

3. **Background.** PASRR is a federal requirement to help ensure that individuals are not placed inappropriately in nursing homes for long term care. Under PASRR, applicants to Medicaid-certified NF must be screened to identify a diagnosis of serious mental illness (SMI) and/or developmental or intellectual disability (DD/ID)<sup>1</sup>.

The DBH Behavioral Health Authority (BHA) serves as State PASRR for the District, and performs the Level II pre-admission screening for District citizens who are seeking nursing home placement and have a mental illness or a history of mental illness. DBH establishes the eligibility for admission to a nursing home, reviews continued stay for those who are already in a NF, and determines discharge and transition processes when the NF level of care no longer applies. DBH assesses if the individual has a need for the level of services provided by a NF and if he/she requires specialized services for SMI. Referrals can come from hospitals and organizations with which DBH has no formal relationship.

4. **Authority.** The Omnibus Reconciliation Act of 1987 (OBRA), P.L. 100-203, Section 4211(c)(7), OBRA 1990 and 1993, as amended by the Balanced Budget Amendment of 1996, P.L. 104-315; Department of Behavioral Health Establishment Act of 2013, D.C. Code § 7 – 1131.01 *et seq.* (2001); and 42 CFR § 483.100 *et seq.* Olmstead Community Integration Initiative, District of Columbia, April 2012.

<sup>1</sup> Referrals to NF for individuals with a primary diagnosis of intellectual and/or developmental disability are handled by the D.C. Department on Disability Services and are not the responsibility of the DBH PASRR system.

**5. Definitions/Abbreviations.**

5a. Change in condition. A change in status, either physical or mental, which results in decline or improvement in the mental health or functional abilities of the resident while in a NF which could prompt an evaluation of level of care, which recommends the type of services for the individual.

5b. Dementia. An overall decline in intellectual function, including difficulties with language, simple calculations, planning and judgment, and motor (muscular movement) skills as well as loss of memory.

5c. Nursing Facility (NF). Primarily provides residents with skilled nursing care and related services for the rehabilitation of injured, disabled or sick person, or, on a regular basis, health related care services above the level of custodial care to individuals with developmental disabilities.

5d. Pre-admission Screening and Resident Review (PASRR) Level I Screening. The initial screening required for all individuals prior to admission to a Medicaid certified nursing facility, regardless of payer source. The screening is conducted by hospitals, nursing facilities or DBH CSA providers for preadmission screenings.

5e. PASRR Level II Screening and Determination. A comprehensive evaluation that verifies the diagnosis of mental illness and determines the level of services by a NF including appropriateness of specialized services. It is required for all individuals identified as having possible mental illness. Evaluations are of two types: those that occur prior to admission to a NF and those that occur when a consumer is already residing in a NF and exhibits a significant change in their physical and/or mental status.

5f. Qualis Health. The current contract agency for the District that determines the type of level of care designation for Medicaid eligible consumers only of the District of Columbia and gives the final authorization for NF placement for those consumers. If Qualis Health authorizes the NF placement (based on the referral package), Qualis Health will provide a NF Services Level of Care designation representing this approval. This approval is valid for thirty (30) calendar days and therefore must be utilized within that period.

5g. Level of Care (LOC). A utilization management tool used by Medicaid to determine an individual's level of disability and the appropriate level of care/services they require. A LOC assessment is required when a person is seeking Medicaid payment for certain services in order for Medicaid to pay for NF services.

5h. Level of Care Utilization System (LOCUS). Clinical evaluation tool utilized for level of care (LOC) determination and medical necessity for adults.

5i. Plan of Care. A written plan for those individuals found to have SMI and to be in need of specialized services. These individualized models of care include the identification of the needed specialized services, potential service CSA providers, and the approximate duration, frequency, and intensity of services needed.

5j. Specialized Services. Added to NF services toward the continuous and aggressive implementation of an individualized NF plan of care.

5k. Core Services Agency (CSA). DBH-certified community-based MHRS provider that has entered into a Human Care Agreement with DBH to provide specified MHRS. A CSA shall provide at least one core service directly and may provide up to three core services via contract with a sub-provider or subcontractor.

**6. Policy.**

6a. DBH will conduct the Preadmission Screening and Resident Review (PASRR) for District citizens who are seeking placement in a NF and have a mental illness or a history of mental illness.

6b. The criteria for a NF placement is the need of an individual for 24-hour nursing care and supervision due to chronic and/or acute somatic illness and/or impaired self-care ability.

6c. CSA providers will conduct follow-up and transition planning in addressing consumer's mental health needs when admitted to a NF.

6d. CSA providers will be part of the community re-integration planning team when discharge to a community setting has been determined to be appropriate.

**7. Referrals and Determinations on Eligibility for Admission to a NF.**

7a. The DBH Chief Clinical Officer/designee will:

(1) Review and evaluate applications and referrals of individuals with mental illness who are deemed as appropriate for placement in a NF.

(2) Determine the appropriateness of the NF as the least restrictive setting for the consumer to receive the necessary medical care, psychiatric care, and assistance with activities of daily living.

(3) Make PASRR Level II determinations based on an independent physical and mental evaluation performed by a person or entity other than the Behavioral Health Authority (BHA).

(4) Coordinate actions to obtain the services of an independent psychiatrist to perform the evaluation of consumers at Saint Elizabeths Hospital.

(5) Establish whether consumers require the level of services provided by a nursing facility and whether specialized services are needed for those with mental illness while in the NF. After review and analysis of all data, provide approval where appropriate.

(6) Identify the required services for the level of care in comparison to what the nursing facility provides:

- a. If specialized services are recommended, identify the specific mental health services required to meet the consumer's needs;
- b. If no specialized services are indicated, identify any specific mental health services of lesser intensity than specialized services that could meet the consumer's needs;
- c. Include the bases for the conclusions; and
- d. Facilitate the provision of specialized or specific services needed by the consumer while in the NF.

(7) Convey, within seven (7) work days, from receipt of a complete referral package, the determination in writing to the initiating party of the PASRR (e.g., provider or discharging hospital), unless the individual is exempt from preadmission screening. PASRR approval expires thirty (30) days from the date of the determination.

NOTE: The PASRR has to be done each time a person is admitted to a nursing home; however, if the consumer is not admitted during the thirty (30) days of approval, and no significant changes in the individual's condition occurred during that time, contact the PASRR Coordinator to update the PASRR determination. Further, resubmit the DHCF Level of Care Form (Exhibit 3) to Qualis Health for approval.

(8) Conduct resident reviews of consumers already in a NF when an authorized representative notifies DBH of a significant change in the individual's physical or mental condition (see Section 10 below).

7b. The DBH PASRR Coordinator will:

- (1) Work with the DBH Chief Clinical Officer/designee to coordinate review of referral packages for a NF.
- (2) Coordinate the review of nursing referral packages sent to DBH. These referrals are sent for PASRR Level II screening and approval for individuals with mental illness who may or may not be DBH consumers who have had a Level I screening positive for mental illness and are recommended for NF.

Note: The PASRR Coordinator does not locate NF placements for consumers. This is accomplished at the provider level – see section 7c (2) below.

7c. The provider will:

- (1) Have the referring clinician complete a Level I screening (Exhibit 1).
- (2) Locate NF placements to refer consumers.
- (3) For the Level I screening, at least in the case of first time identifications, issue a written notice to the consumer and his or her legal representative, if any, that the consumer has been observed to have signs of mental illness and is being referred to the

DBH for PASRR Level II screening for a NF.

(4) Complete a psychiatric evaluation of the consumer for the DBH PASRR Level II Screening (The form in Exhibit 2 may be used. If a different form is used all items must be addressed).

a. Saint Elizabeths Hospital is required to obtain an evaluation of consumers by an independent psychiatrist for the DBH PASRR Level II screening. The psychiatrist will determine the appropriateness of the consumer for placement in a NF and document it using the form shown in Exhibit 2.

b. The psychiatrist will also document physical findings that require NF care based on information in the clinical record current within the past thirty (30) days. Saint Elizabeths Hospital contacts the DBH Chief Clinical Officer/designee regarding the need for these evaluations by an independent psychiatrist.

(5) Complete all the items required in the referral package (see Section 8 below).

(6) Send all NF referral packages to the DBH PASRR Coordinator except for referrals for consumers with a primary diagnosis of dementia; or for consumers with a primary diagnosis of intellectual and/or developmental disability (also, see section 7c, 13).

(7) When a consumer is hospitalized in a private community hospital and a NF placement is being considered, it is the hospital's responsibility to complete the NF referral package and coordinate for the PASRR screenings.

(8) Forward a copy of the referral package for Behavioral Health Authority PASRR Level II screening to:

DBH PASRR Coordinator  
Department of Behavioral Health  
64 New York Ave., NE (3<sup>rd</sup> Floor)  
Washington, DC 20002  
Fax #: 202-671-2972

(9) Retain the original referral package so that copies can be made available later for the NF and/or Qualis Health.

(10) Obtain a Level II screening determination notice signed by the DBH Chief Clinical Officer from the DBH PASRR Coordinator. Ensure that all documentation is complete and the provider's working fax number is included (see section 8 below).

(11) Provide a copy of the PASRR Level II determination to the consumer and his or her legal representative, if any.

(12) For Medicaid eligible consumers, after obtaining DBH PASRR approval, fax the referral package and the Level II screening written approval to Qualis Health.

(13) After obtaining PASRR approval of the referral package for consumers eligible to

use private funds, follow internal agency procedures and NF instructions for those consumers.

(14) If there is a primary diagnosis of dementia (including Alzheimer's disease or a related disorder), or a non-primary diagnosis of dementia without a primary diagnosis that is a serious mental illness, forward the referral directly to Qualis Health without a Level II screening for consumers with Medicaid eligibility. It does not have to be sent to the DBH PASRR Coordinator.

(15) Maintain a copy of the complete referral package and PASRR Level II determinations in the consumer's record in accordance with all federal and local laws and regulations.

(16) Establish internal policies and procedures and NF instructions, as necessary, on the following:

- determination of NF eligibility,
- incompetency and consent issues,
- financial issues (Medicaid eligibility, spend down of income, use of private funds),
- burial funds, and
- transportation.

#### **8. Referral Package Requirements.**

8a. Contents of the Referral Package. The CSA providers will complete a referral packet that includes the following:

(1) **Pre-Admissions Screen/Resident Review for Mental Illness and/or Intellectual Disability** (Exhibit 1). The completed PASRR Level I screening form for referrals to Qualis Health and direct referrals to nursing facilities for private pay consumers; signed by a licensed clinician within thirty (30) days of submission of the referral package to the DBH for Medicaid eligible consumers.

(2) **PASRR Level II: Psychiatric Evaluation** (Exhibit 2); signed by a psychiatrist within thirty (30) days of submission of the referral package to the DBH for Medicaid eligible consumers.

(3) **Request for Medicaid NF Level of Care** (Exhibit 3), DHCF 1728 Form revised 7/16/2009, signed by a psychiatrist within thirty (30) days of submission of the referral package to the DBH for Medicaid eligible consumers.

(4) **Psycho-social Assessment** (Exhibit 4) - current within ninety (90) days of submission of the referral package to DBH (this is not the diagnostic assessment); or a different form that include the same information; and

(5) **History and Physical Exam Form for PASRR Review** (Exhibit 5). This provides the medical history, including neurological and other relevant/pertinent examinations, and

pertinent examination results - current within ninety (90) days of submission of the referral package to DBH.

NOTE: ALL documentation must be legible. Illegible documentation may delay or hinder processing. Any additional documentation requested by the BHA from the provider must be provided promptly.

**9. Procedures upon consumer's acceptance in a NF.**

9a. The CSA provider will:

- (1) Follow the instructions of the NF admissions coordinator once the consumer has been accepted.
- (2) Comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and the D.C. Mental Health Information Act. See DBH Policy 645.1, Privacy Policies and Procedures regarding release of information to outside agencies when making placement arrangements.
- (3) Notify family members or significant others about consumer being admitted in a NF if they were not previously involved. Provide them with the name, address, and phone number to the NF.
- (4) Request that the receiving NF initiate the change of representative payee if DBH is still the representative payee for the consumer. The change of payee must be initiated by the receiving NF immediately following placement. In all instances, financial planning must take place prior to placement.
- (5) For individuals placed from Saint Elizabeths Hospital (SEH), SEH must notify the CSA responsible for the consumer of the nursing home placement.
- (6) Conduct ongoing mental health services during and throughout transitions into and out of nursing facilities to include completion of LOCUS, when due, and participation in treatment team meetings.
- (7) Request DBH to discharge/disenroll consumers from its services after 90 days of placement in NF, depending on the stability of the consumer during transition, complexity of the case, and/or completion of transition plan goals. The CSA shall consult with the PASRR Coordinator and the NF in this regard prior to discharge or disenrollment. The Director of Care Coordination in consult with the PASRR Coordinator must approve the discharge/disenrollment.

**10. Level of Care Review, Continued Stay and Community Re-Integration Processes.**

10a. Federal law requires that the Department conduct a PASSR Level II screening upon a significant change in a resident's physical or mental health condition. A significant change in condition may include a resident's improved condition and desire or plan to leave the NF



and return to the community. When DBH is notified by a NF or through its outreach efforts that a resident wants to return to the community, the PASRR Coordinator will:

- (1) Collect the following information about the individual:
  - a. Demographic information (e.g., age, race, ethnicity, etc.);
  - b. NF information: address, telephone number and contact person at NF of who will be facilitating the transition into the community;
  - c. Information about family or other important stakeholders (e.g., guardians, partners, friends, etc.) who may participate in the process;
  - d. Brief description of the circumstances that led to the NF placement;
  - e. Brief description of circumstances that led the NF to admit the consumer as having mental health diagnosis and the significant change in status; and
- (2) Inform the NF of the DBH requirement to complete the PASRR referral (see Sec. 8 above) to ensure a full assessment and evaluation of the person's needs and level of care.
- (3) Facilitate the enrollment of the person with a DBH provider upon completion of the PASRR Level II when discharge to a community setting has been recommended.
- (4) Refer the person to the DBH Chief, Continuity of Care.
- (5) Nothing in this policy prohibits a resident from leaving a NF according to his or her wishes. However discharge prior to the completion of a PASRR may result in the lack of information necessary to develop and implement a safe and effective community discharge plan.

10b. The DBH Chief, Continuity of Care will:

- (1) Complete a LOCUS to inform the assessment process.
- (2) If the NF has not previously done so, ensure the person has been referred to the D.C. Office on Aging/Aging and Disability Resource Center (DCOA/ADRC).
- (3) Convene a treatment team meeting with all the identified members, including the CSA representative, as applicable, to develop the initial transition plan.
- (4) Monitor progress and with the assigned CSA facilitate the acquisition of resources needed for the consumer's transition.
- (5) Turn over the responsibility for monitoring progress to the DBH Director of Integrated Care Division when the consumer is in the community setting.

**11. DBH Record Retention, Tracking System, Reports and Quality Improvement.****11a. The PASRR Coordinator will:**

(1) Maintain records of evaluations and determinations in order to support its determinations and actions and to protect the appeal rights of consumers subjected to PASRR.

(2) Track the number of referrals for new admissions to NFs, the number of residents requiring LOCUS, and referrals for which clinical record reviews and/or Level II evaluations are not completed due to situations such as the death of the consumer, discharges/transfers from nursing facilities, those never admitted to nursing facilities, and those admitted for hospitalizations.

**11b. The DBH Quality Improvement Director and Chief Clinical Officer/designee will:**

(1) Conduct periodic checks on completed referrals using specific protocols and guidelines to determine the accuracy of determinations and appropriateness of recommendations, if applicable and the quality of work related to the PASRR Level II evaluations.

(2) Develop recommendations toward quality improvement activities.

**12. Exhibits.**

Exhibit 1 – Pre-Admissions Screen/Resident Review for Mental Illness and/or Intellectual Disability

Exhibit 2 - PASRR Level II: Psychiatric Evaluation

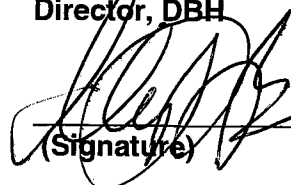
Exhibit 3 – Request for Medicaid NF level of Care, DHCF 1728 Form, revised 7/16/2009

Exhibit 4 - Psycho-social Assessment

Exhibit 5 - History and Physical Exam Form for PASRR Review

**Approved By:**

**Stephen T. Baron**  
**Director, DBH**

  
(Signature)

12/1/14  
(Date)